CYSTIC FIBROSIS

SPECIALTY PHARMACY

WE HAVE A DEDICATED CF FAX LINE

Orlando, FL toll free 855.274.1694 toll free fax 844.306.0200

krogerspecialtypharmacy.com

PATIENT INFORMATION

Patient Name	❑ Male ❑ Female	Date of Birth
Address	City, State, Zip	
Phone	Allergies	
CFTR Mutation	FEV	Weight ❑ kg ❑ lbs

PRESCRIBER INFORMATION

Prescriber Name		Supervising MD NPI
DEA #	NPI #	License #
Address		City, State, Zip
Phone	Fax	

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ E84.0 Cystic Fibrosis with pulmonary manifestations ❑ E84.9 Cystic Fibrosis unspecified ❑ E84.11 Mecoium ileus in Cystic Fibrosis ❑ E84.19 Cystic Fibrosis with intestinal manifestations ❑ E84.8 Cystic Fibrosis with other manifestations ❑ B96.5 pseudomonas (mallei) causing diseases ❑ Other: _____

Drug Allergies: _____

MEDICATION	DOSE/STRENGTH	DIRECTIONS (FREQUENCY OF ADMINISRATION)	QTY	REFILLS
INHALATIONS				
❑ Albuterol	❑ 0.083% (3mL vial) ❑ 0.5% (2.5mg/0.5mL) ❑ Ventolin ❑ Proair	Directions:		
❑ Budesonide	❑ 0.25mg/2ml ❑ 0.5mg/2ml	Directions:		
❑ Hyper-Sal®	❑ 3% (4ml) ❑ 7% (4ml) inhalation solution	Directions:		
❑ Levalbuterol	❑ 0.31mg/3ml ❑ 0.63mg/3ml ❑ 1.25mg/3ml	Directions:		
❑ Mucomyst®	❑ 10% ❑ 20% inhalation solution ❑ Bd syringes (3mL, 5mL)	Directions:		
❑ Pulmozyme®	2.5mg/2.5ml amp	select one: ❑ once daily ❑ twice daily		
PANCREATIC ENZYMES				
❑ Creon®	❑ 3,000 u ❑ 6,000 u ❑ 12,000 u ❑ 24,000 u ❑ 36,000 u	# of caps per meals: _____ # of caps per snacks: _____ Daily max: _____ Please advise # of consumed meals and snacks per day (i.e. 3 meals and 2 snacks per day): _____		
❑ Pancreaze®	❑ 4,200 u ❑ 10,500 u ❑ 16,800 u ❑ 21,000 u			
❑ Pertzye®	❑ 4,000 u ❑ 8,000 u ❑ 16,000 u ❑ 24,000 u			
❑ Viokace®	❑ 10,440 u ❑ 20,880 u			
❑ Zenpep®	❑ 3,000 u ❑ 5,000 u ❑ 10,000 u ❑ 15,000 u ❑ 20,000 u ❑ 25,000 u ❑ 40,000 u			
VITAMINS				
❑ AquaDEKs™	❑ Chew Tab ❑ Liquid	Directions:		
❑ Calcium Carbonate	❑ 1250mg (500mg)	Directions:		
❑ DEKAS Essentials	❑ Capsule ❑ Liquid	Directions:		
❑ DEKAS Plus	❑ Chew Tab ❑ Liquid ❑ Soft Gels	Directions:		
❑ MVW Complete	❑ Chew Tab ❑ Drops ❑ Soft Gels ❑ D3000 ❑ D5000	Directions:		
❑ Vitamin D	❑ 1,000 u ❑ 2,000 u ❑ 5,000 u ❑ 50,000 u	Directions:		

ANTIBIOTICS/GI MEDS			QTY	REF
❑ Azithromycin	Strength:	Directions:		
❑ Famotidine	Strength:	Directions:		
❑ Lansoprazole	Strength:	Directions:		
❑ Miralax®	Strength:	Directions:		
❑ Omeprazole	Strength:	Directions:		
❑ Protonix®	Strength:	Directions:		

DME	QTY	REF
❑ Aerobika		
❑ Aeroeclipse XL		
❑ PARI LC plus (pro)		
❑ PARI Trek S		
❑ PARI Vios Pro		
❑ PARI Vios Pro Filter		

	QTY	REF
❑ Other		
❑ Other		
❑ Other		
❑ Other		
❑ Other		
Please provide letter of medical necessity		

CFTR POTENTIATOR: PLEASE COMPLETE GPS ENROLLMENT FORM AND FAX TO KSP WITH RX					REF
❑ Kalydeco® List mutations: _____	150mg Tablet ❑ 28 day-supply ❑ 84 day-supply *po q 12h (age 6 and older) with fat-containing food*	25mg Oral Granules ❑ 28 day-supply ❑ 84 day-supply *po q 12h (1 to less than 6) mixed with 1 tsp (5ml) of soft food or liquid with fat-containing food*	50mg Oral Granules ❑ 28 day-supply ❑ 84 day-supply *po q 12h (1 to less than 6) mixed with 1 tsp (5ml) of soft food or liquid with fat-containing food*	75mg Oral Granules ❑ 28 day-supply ❑ 84 day-supply *po q 12h (1 to less than 6) mixed with 1 tsp (5ml) of soft food or liquid with fat-containing food*	
❑ Orkambi® (Pediatric)	F508del mutation ❑ Yes ❑ No	100-125mg Oral Granules po q 12h *(ages 2-5, weight less than 14kg)* mixed with 1 tsp (5mL) of of soft food or liquid with fat-containing food		❑ 28 day-supply ❑ 84 day -supply	
❑ Orkambi® (Pediatric)	F508del mutation ❑ Yes ❑ No	150-188mg Oral Granules po q 12h *(ages 2-5, weight greater than or equal to 14kg)* mixed with 1 tsp (5mL) of soft food or liquid with fat-containing food		❑ 28 day-supply ❑ 84 day -supply	
❑ Orkambi® (Pediatric)	F508del mutation ❑ Yes ❑ No	100mg/125mg Tablets 2 tablets po q 12h *(ages 6-11)* with fat-containing food		❑ 28 day-supply ❑ 84 day -supply	
❑ Orkambi®	F508del mutation ❑ Yes ❑ No	200mg/125mg Tablets 2 tablets po q 12h *(age 12 and older)* with fat-containing food		❑ 28 day-supply ❑ 84 day -supply	
❑ Symdeko®	F508del mutation ❑ Yes ❑ No	100-150mg/150 mg Tablets 1 tablet po q 12h *(age 6-11 years ≥30kg or age 12 or older)* with fat-containing food		❑ 28 day-supply ❑ 84 day -supply	
❑ Symdeko®	F508del mutation ❑ Yes ❑ No	50-75mg/75mg Tablets 1 Tablet (tezacaftor 50mg/ivacaftor 75mg) po in the morning with with fat-containing food; 1 Tablet (ivacaftor 75mg) in the evening with fat-containing food, approximately 12 hours after the morning dose *(age 6-11 years <30kg)*		❑ 28 day-supply ❑ 84 day -supply	
❑ Trikafta™	F508del mutation ❑ Yes ❑ No	2 orange Tablets po in the morning and 1 blue Tablet in the evening, 12 hours apart, with fat-containing food		❑ 28 day-supply ❑ 84 day -supply	

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date

Prescriber's Signature (no stamps) Dispense As Written Date

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